

**Delaware Department of Correction  
Health Care Services Fee Sheet**

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Inmate Name Samuel Hearn SBI # 201310

(Last, First MI)

Facility DCC - MHJ-23 Date 9/7/05

<input checked="" type="checkbox"/>	Chargeable Visit	\$4.00
<input type="checkbox"/>	Non Chargeable Visit	-0-
<input type="checkbox"/>	Medication Handling Fee (\$2.00 X _____)	\$_____

**Total Amount Charged To Inmate Account** \$4.00

Health Care Staff Signature: RH

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**I CERTIFY BY MY SIGNATURE THAT I HAVE RECEIVED THE SERVICES DESCRIBED ABOVE.**

Inmate Signature: Harry Samuel Date: 9/7/05

1) \*Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2) \*Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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The fee for services rendered will be deducted from your inmate account even if the amount deducted generates a negative balance. Any funds received by you will first be applied to any negative balance. Any negative balance remaining on your account when you are released will remain active for three (3) years after the date of release. Should you return to Delaware Department of Correction as an inmate within that three (3) year period, the negative balance will be applied to your inmate account on your new commitment.

Distribution:

Original: Facility Business Office Posted/Entered by \_\_\_\_\_ Date \_\_\_\_\_

Copy: Inmate Medical Record (yellow)  
Inmate (pink)

\*Only needed if inmate refuses or is unable to sign.

**FORM #: 621**

3 part NCR

*Dintist + Kathy*



STATE OF DELAWARE  
DEPARTMENT OF CORRECTION  
OFFICE OF THE WARDEN  
DELAWARE CORRECTIONAL CENTER  
1181 Paddock Road  
SMYRNA, DELAWARE 19977  
Telephone: (302) 653-9261  
Fax: (302) 653-2855

**MEMORANDUM**

TO: Inmate Harry Samuel  
#201360

FROM: Thomas L. Carroll  
Warden

A handwritten signature in black ink that reads "Thomas L. Carroll".

DATE: November 20, 2001

RE: Letter

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This will acknowledge receipt of your letter on November 15, 2001 regarding dental problems. Please be advised that this matter has been forwarded to Ms. Georgia Perdue of Correctional Medical Services for her information, review and action.

TLC/sw

Cc: Georgia Perdue, CMS  
file



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**MEMORANDUM**

TO: Inmate Harry Samuel  
#201360

FROM: Thomas L. Carroll  
Warden

*Thomas L. Carroll*

DATE: October 26, 2001

RE: Letter

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This will acknowledge receipt of your letter dated October 19, 2001 regarding dental services. Be advised that I have forwarded your request to Ms. Georgia Perdue of Correctional Medical Services for action.

TLC/sw

Cc: Deputy Warden McGuigan  
Security Superintendent Cunningham  
Georgia Perdue  
file

To. Judge Sue L. Robinson  
(see note at bottom)  
of page

CA-05-0037-SLR

**DEPARTMENT OF CORRECTION  
STATE OF DELAWARE  
MEMO TO INMATE**

  
**TO:** Samuel, Harry MHU21, B9L

**DATE:** 9/24/04

**FROM:** Counselor Linda Kemp *lkd*

**SUBJECT:** AVP

Your name will now be placed on the list for AVP #3 and you will be notified, in writing, when to attend. However, due to staff shortages on the weekend we are on hold until further notice. I would like to think we might start up again in January 2005. Please be patient as it is out of our control.

Unless you are court-ordered to complete AVP, the program is strictly volunteer and you can stop whenever you want. I would hope that you got something out of the first two and would choose to continue but that is entirely up to you. I will have you put on the next list but when you are called, if you so choose not to continue then just decline. Thanks for your previous interest in AVP.

\*

Note: Samuel, Submit that on 6/29/04 I was classified and Approved to the Compound to Med. (medium) see Exhibit A-13. This Exhibit A-13 memorandum recommended me for AVP. SO I signed up for AVP again as you see by this above memo dated 9-24-04 from counselor Linda, while waiting to be moved to Med. and to start AVP#3. I was put in Max. for no reason as to my Treatment and reabllitation (see Exhibit A-14, Classification Memorandum to Max/MHU, on 10-4-04.